(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

OCT 3 0 2017

PLEASE PRINT

PLEASE PRINT	NEW HAMPSHIRE
I. Name of Lobbyist(s) JOSEPH COHN	DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	
FOUNDATION FOR TUDIVIOUAL RIGHT	TIS IN EDUCATION (FIRE)
Business Address: (Street) STREET, SUITE 180, PHILADELE	MIA PA 19106 (State) (Zin Code)
(215) 717-3473 (215) 717-3440 (Fax)	•
III. This statement covers: (Choose one – file separate reports for each reportable expense transactions which are not attributable to any one All reportable transactions occurring in the months prior to the reportion	client).
FOUNDAFIAN FOR TUDINIONAL RIGHTS IN (Full Name of Client as it appears on the Lobby ist Regi	
(Full Name of Client as it appears on the Lobbyist Regi	stration Form)
☐ All reportable transactions by the lobbyist (including the lobbyist's fan unrelated to any particular client.	nily), or the lobbying firm listed below which are
	uly 26, 2017
	anuary 31, 2018 [] from 10/1/17 to 12/31/17
V. There have been no fees received and no reportable transact If this box is checked, complete just this form and submit it to the Secretar Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Adden	dum A- Fees and Expenses
\square If you have paid an honorarium or reimbursed expenses, you must file Expense Reimbursement	e Addendum B- Report of Honorariums or
☐ If you, your firm, or your family has made political contributions, you	umust file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby sweat and complete to the best of my knowledge and belief.	ar or affirm that the foregoing information is true
Joh Coh	10/24/17 (Date)
(Signature of lobbyist) JOSELH COHN	(Date)
JOSEPH COHN	